

Pre-Authorization Summary

Health Plan ID: 2162446
Health Plan Name: CHS
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 10/01/2013
Report Period End Date: 12/31/2013

BAYOU HEALTH Reporting

Document ID: SQ188
Document Name: PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency: Quarterly
Report Due Date: 30th day of the month following end of reporting period
File Type: Excel
Subject Matter: Quality (Q)

Pre-Authorization Summary					Standard Authorizations ²					Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% determined within 2 Business days	% determined within 14 Calendar days	% determined within 28 Calendar days	DME- % determined within 25 days	Total Requested	% complete within 72 hours
2162446	Totals	1744	1687	57	1743	98.80%	100.00%	100.00%		1	100.00%
2162446	CT	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	DME	3	2	1	3	100.00%	100.00%	100.00%		0	0.00%
2162446	Early Steps	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	EPSDT	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	Home Health Care	33	23	10	33	90.91%	100.00%	100.00%		0	0.00%
2162446	Hospice	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	Injectables and Other Pharmacologic Agents	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	MRI	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	No Category Specified	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	Pediatric Day Care	24	12	12	23	100.00%	100.00%	100.00%		1	100.00%
2162446	Procedures and Diagnostic Tests	68	59	9	68	98.53%	100.00%	100.00%		0	0.00%
2162446	Rehabilitation Services	1591	1577	14	1591	98.99%	100.00%	100.00%		0	0.00%
2162446	Transplant Approval	2	2	0	2	100.00%	100.00%	100.00%		0	0.00%
2162446	Transportation	21	10	11	21	95.24%	100.00%	100.00%		0	0.00%
2162446	Various	2	2	0	2	100.00%	100.00%	100.00%		0	0.00%

¹Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

²Standard Authorizations are elective procedures not including OB

SQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162446
Health Plan Name: CHS
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 10/01/2013
Report Period End Date: 12/31/2013

Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason		Total Denied (for TOS & Denial Reason)
		Code	Denial Reason	
2162446	Totals >>>>>			57
2162446	DME	L1NC	Non Certified	1
2162446	Home Health Care	L1NC	Non Certified	10
2162446	Pediatric Day Care	L1NC	Non Certified	11
2162446	Pediatric Day Care	NC	Non Certified	1
2162446	Procedures and Diagnostic Tests	L1NC	Non Certified	9
2162446	Rehabilitation Services	L1NC	Non Certified	14
2162446	Transportation	L1NC	Non Certified	11

Pre-Certification Summary

Health Plan ID: 2162446
Health Plan Name: CHS
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 10/01/2013
Report Period End Date: 12/31/2013

BAYOU HEALTH Reporting

Document ID: SQ188
Document Name: PRIOR AUTHORIZATION & PRE-CERT SUMMARY
Reporting Frequency: Quarterly
Report Due Date: 30th day of the month following end of reporting period
File Type: Excel
Subject Matter: Quality (Q)

Pre-Certification Summary					Standard Authorizations*				Concurrent Review			Post Service Authorizations	
Plan ID	Level of Care	Total Days Requested	Totals Days Approved	Total Days Denied	Total # Requested	% determined within 2 Business days	% determined within 14 Calendar days	% determined within 28 Calendar days	Total Requested	% complete within 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
2162446	Totals	16105	16026	79	2500	98.20%	100.00%	100.00%	1033	99.81%	0.19%	43	97.67%
2162446	Acute	15613	15534	79	2477	98.22%	100.00%	100.00%	1004	99.80%	0.20%	42	97.62%
2162446	LTAC	132	132	0	6	100.00%	100.00%	100.00%	8	100.00%	0.00%	0	0.00%
2162446	No Category Specified	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
2162446	Rehab	360	360	0	17	94.12%	100.00%	100.00%	21	100.00%	0.00%	1	100.00%
2162446	Skilled	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
2162446	Sub Acute	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%

*Standard Authorizations are elective procedures not including OB

NOTE: We have included expedited reviews for inpatient in Precert, standard and Concurrent review. It is not included in retro review

SQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162446
Health Plan Name: CHS
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 10/01/2013
Report Period End Date: 12/31/2013

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason		Total Denied (for Level & Denial Reason)
		Code	Denial Reason	
2162446	Totals >>>>>			79
2162446	Acute	L1NC	Non Certified	79